



WARRANT CANCELLATION FORM

Reason For Cancellation:

Duplicate Payment

Wrong Vendor

Wrong Amount

Payment No Longer Necessary

Other _____

Warrant # _____

Dept. # _____

Amount _____

Voucher # _____

Warrant Date _____

Vendor # _____

Was the warrant charged to a federal program? **Yes** **No**

Please provide the complete FINET coding block. Please be aware that we are only able to enter one line of coding. If more is required your agency will need to do an IET to redistribute the funds correctly.

Fund	Dept	Unit	Approp	Obj / Rev	Activity	Function	Program	Phase

I, the Department Representative, request that the above referenced warrant be canceled and not replaced.

Signature _____

Telephone # _____

Note: If you have the warrant, mark it VOID and attach it to this form.

Office use only:

Ref # _____